Transportation/Walking To And From School Consent Form

My Child/Children\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, age\_\_\_\_\_\_\_\_\_\_,

will:

PLEASE CHECK ONE OF THE FOLLOWING

\_\_\_\_\_ Walking to/from school

\_\_\_\_\_ Walking to/from bus stop

\_\_\_\_\_ Riding with \_Tara I. Walls\_\_\_\_\_\_ or Tara’s DayCamp & Transportation Inc.\_\_

\_\_\_\_\_ The School bus will arrive at \_\_\_\_\_\_\_\_\_\_take my child/children to school

And arrive at day care home at \_\_\_\_\_\_\_\_\_\_\_\_ after school.

The school has been informed of this arrangement. I have been informed that the day care provider’s responsibility does not begin until my child/children are on the day care premises. However, if my child is riding the school bus with the day care provider, the day care will be responsible for my child/children safety. I am aware that the driver has a valid driver’s license, insurance, and the proper restraints to secure my child. If there is a change in this schedule I will inform the day care provider.

\*\* IN THE EVENT I/WE, THE PROVIDER(S), HAS AN EMERGENCY OR BECOME ILL I/WE WILL NOTIFY THE PARENT(S). IF THE PARENT(S) CAN NOT BE REACHED I/WE WILL NOTIFY SOMEONE FROM THE EMERGENCY CONTACT LIST TO PICK UP YOUR CHILD (REN) OR AURTHORIZE YOUR CHILD TO BE DROPPED OFF AT AN APPROVED LOCATION IF I/WE DO NOT HAVE AN APPROVED SUBSTITUTE TO PROVIDE CARE FOR THE DAY CARE CHILDREN.

Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent Signature)

\_\_**Tara I. Walls**\_\_ \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Day Care Provider Signature)

PARENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS TELEPHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NUMBERS:

1. NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_